

STATE OF CALIFORNIA
PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-192 (REV. 9/04)

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM

1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>

☐ Name Change ☐ Address Change

Business License Number: _____

Business Name: _____

Address: _____

City, State, Zip: _____

IMPORTANT - PLEASE READ
COMPLETE ALL INFORMATION FOR EACH LOCATION AND THE RENEWAL INFORMATION REQUIREMENTS

Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Main/Branch License Number	Business Location Address	Qualified Person's Name, License Number, and Categories (i.e., A, B, C)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date.

WORKER'S COMP. INSURANCE CARRIER NAME

POLICY NUMBER

EXPIRATION DATE

Financial Responsibility Requirement (check one):

☐ I have complied with this requirement by obtaining a surety bond or certificate of deposit, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

INSURANCE CARRIER NAME

POLICY NUMBER

EXPIRATION DATE

Submit a copy of documents certifying that you meet the financial responsibility requirements.

Fees. See Page 2 (instructions) to determine fees based on the number of business location(s) and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Indicate Amount Enclosed: \$ _____

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

SIGNATURE

TITLE

DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

Instructions on reverse

PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS

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RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

Licenses are not transferable. In the case of change of business organization or ownership, a new application and fee are required. If you had a change in ownership or partners or have incorporated, contact us.

- ☐ **Qualified Person.** Each pest control business location (Main or Branch) must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified person who is responsible for supervising the pest control operations at each location on the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper.
- ☐ **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, complete the information on the renewal form; otherwise indicate non-applicable (NA).
- ☐ **Financial Responsibility Requirement.** This requirement must be met. Provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The Pest Control Business license will not be renewed without meeting this requirement.
- ☐ **Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each pest control business license location (Main and Branch) as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee		Renewal	Late Fee
Pest Control Business (Main)	\$320.00	\$160.00	Pest Control Business (Branch)	\$160.00	\$80.00

- ☐ **Declaration/Signature.** Sign, title, and date the renewal application form.
- ☐ **Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- ☐ **Mail.** Send payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

Failure to complete or provide the requested information may delay the processing of your application.